

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$7,200.00 for date of service 06/13/01.
- b. The request was received on 02/21/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 12/11/01
 - b. HCFA(s)
 - c. EOB/TWCC 62 form
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFA(s)
 - c. EOB/TWCC 62 form
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/24/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/25/02. The 3 day response from the insurance carrier was received in the Division on 02/26/02. The Commission shall issue a decision based on all of the information submitted in the case file.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:

“According to the explanation of benefits, the office did not allow any benefits due to pre-authorization, however pre-authorization was obtained on June 12, 2001 @ 4:55pm,

MDR: M4-02-2276-01

by (Requestor). We were also given the number of #INV4032568 that expired on July 12, 2001.”

2. Respondent:

The respondent did not submit a letter responding to medical dispute resolution.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 06/13/01.
2. The denial code listed on the EOB is “Z-Preauthorization Requested but Denied.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
06/13/01	E0753	\$5,800.00	\$0.00	A	DOP	TWCC Rule 134.600 (h)(13)	Medical documentation indicates that pre-authorization was obtained in a letter dated 12/11/01. The provider submitted a pre-auth number (#INV4032568) that expired on July 12, 2001. Also there is a hard copy of the pre-authorization enclosed in the dispute packet dated 06/11/01. Therefore, with the proof of pre-authorization reimbursement is recommended in the amount of \$5,800.00 .
06/13/01	E0751	\$1,400.00	\$0.00	A	DOP	TWCC Rule 134.600 (h)(13)	Medical documentation indicates that pre-authorization was obtained in a letter dated 12/11/01. The provider submitted a pre-auth number (#INV4032568) that expired on July 12, 2001. Also there is a hard copy of the pre-authorization enclosed in the dispute packet dated 06/11/01. Therefore, with the proof of pre-authorization reimbursement is recommended in the amount of \$1,400.00 .
Totals		\$7,200.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$7,200.00 .

The above Findings and Decision are hereby issued this 6th day of August 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$7,200.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of August 2002.

Carolyn Ollar, R.N.,B.A.
Medical Dispute Resolution Officer
Medical Review Division

CO/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.